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CLAIMS ONLY						SERIAL NO. 10044527	FILING DATE 01-11-02
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2	1						
3							
4							
5	1						
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TOTAL IND.	2	↓		↓		↓	
TOTAL DEP.	1	→	→	→	→	→	
TOTAL CLAIMS	13						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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PTO/SB/07 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)						Application Number	Filing Date	
						Marie-Helene SANIEZ et al.		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/					51		
2	/					52		
3	/					53		
4	/					54		
5	/					55		
6	/					56		
7	/					57		
8						58		
9	(1)					59		
10	/					60		
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43						93		
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45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep						Total Indep		
Total Depend						Total Depend		
Total Claims						Total Claims		

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